 VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES Family Services Policy Manual		<h1>41</h1>
Chapter:	Case Records and Case Notes	
Subject:	Case Notes	Page 1 of 5
Approved:	Cynthia K. Walcott, Deputy Commissioner	Effective: 1/9/13 FINAL
Supersedes:	Family Services Policy No. 41	Dated 1/8/09

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Introduction


Case notes provide a chronological record of the delivery of services and support to children and their families. These notes also provide the necessary documentation to support claims to federal funding sources. Case notes provide a single place for social workers, supervisors and colleagues, state and federal auditors and others with appropriate clearance to read about recent case activity.

Policy

Entry of Case Notes

Case notes will be current and focus on the plan of services and support for the child and family. Case notes are an objective, non-judgmental summary description of the nature and content of the contact, and actions taken as a result of the contact.

Case notes will be recorded in the automated case note system **within one week** of the contact.

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Documenting Medicaid Case Management Activities

In recording a case note, the worker is required to identify whether the contact meets the definition of Medicaid Case Management. Medicaid Case Management is defined as activities directed to assist families/individuals to access medical, behavioral, social and educational services. Medicaid Case management activities include:


- gathering information to inform comprehensive assessment of client needs;
 - taking a client history and identifying needs;
 - gathering information from family members, medical providers, educators and others to form a complete assessment; and,
 - related documentation.
- developing a safety plan or case plan;
- making appropriate referrals;
 - arranging for support services needed to maintain the child at home or in substitute care;
 - referrals and related activities to help an individual to obtain needed services;
- monitoring implementation of plan, including by maintaining contact with the child, his/her family, and service providers through home visits, telephone contact and correspondence.

Documenting Central Office Consultation or Direction

Consultations that occur with central office support staff (i.e. Placement Specialist, Child Victim Treatment Director, Practice and Policy Specialist, etc.) or central office supervision (Operations and Residential Licensing and Special Investigations) should be documented to indicate the name and title of the person the discussion occurred with, the nature of the discussion and any decisions that were made as a result of this consultation. Staff should exercise judgment about how to incorporate these discussions into case notes. If you are unsure consult with your supervisor and/or district director.

When documenting actions directed by an Operations Manager or RLSI, the staff member will send a copy of the note to that manager.

Central office and district staff who are involved in responding to consumer concerns may include this information in a case note if it is related to the direction the case may take as a result of the concern and to ensure that the social worker is aware of the outcome of the consumer concern.

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Documenting Domestic Violence Consultation

Consider that documentation of specific elements of the adult victim's location or details of her safety plan (if she is fleeing or is planning to flee the abuser), may increase risk to the family. Use *general terms* **not** *specific details* about safety plans or exact location of safe housing.

When consulting with the Family Services Domestic Violence Unit general terms that are appropriate to use include:

- consulted with domestic violence specialist;
- specialist provided information on available local resources for offenders;
- strategized about safety plan opportunities for the children;


If a member of the Domestic Violence Unit provides **direct service** to a client either in person, on the phone or by other electronic means and the social worker is not present for the conversation, the DV Specialist will enter the case note as to the general nature of the contact. (i.e. for safety planning, resource options, referrals) and send an email to the social worker making them aware of the case note and the contact.

Consultation with Assistant Attorney General's Office

No documentation of consultation with the AAG's office should be included in case note documentation as they are protected attorney / client communications.

E-mail Correspondence

Due to the fact that all e-mail correspondence is legally discoverable, communication that occurs through e-mail should be cut and pasted into case notes. This should be done in a reasonable manner including a string of e-mails into one case notes as opposed to having many separate e-mails put in at once. Be cognizant of the fact that not all information is appropriate for e-mail communication especially that of a particularly sensitive subject matter. (For instance, HIV Status as outlined in http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/policies/134_Serving_Families_Affected_by_HIV.pdf Policy 134: Serving Families Affected by HIV)


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Appendix A

Guidance on Recording Medicaid Case Management Activity

When a worker reports time spent on Medicaid Case Management, the case note must describe that activity in Medicaid language. The following is a list of terms that correspond to the service definitions of Medicaid Case Management:

- Advocate:** To actively arrange or secure services or benefits; to overcome barriers to the effective delivery of services.
- Arrange:** To plan or prepare activities and services related to the child's case plan.
- Convene:** To call together a group of individuals to discuss the child's needs and progress.
- Coordinate:** To harmonize the actions, efforts and services of various service providers, family members and others to meet the goals of the child's case plan.
- Correspond:** To communicate, primarily by letter, about specific issues related to the child.
- Explore:** To investigate or examine options to achieve the goals of the child's case plan.
- Facilitate:** To make it easier for the child to benefit from a service. To ensure the smooth delivery of a service or functioning of a treatment team. To ease the child's transition to a new service or placement.
- Inform:** To give specific information to another person for the purpose of improving, modifying or impacting a child's circumstances or progress towards the goal of the case plan.
- Monitor:** To keep watch over the child's condition or circumstances, the services provided to the child and progress towards the goal of the child's case plan and to direct or influence conditions, circumstances or services that impact the child.
- Negotiate:** To arrange for services otherwise inaccessible or unavailable to the child; to arrange for financing of services for the child; contracting for a service.
- Participate:** To take part, but not lead, an activity intended to benefit the child's progress.
- Prepare:** To make the child ready to receive a service.
- Refer:** Directing a child, family member or service provider to a service for information or services which will further the goal of the child's case plan.
- Schedule:** To plan an appointment for activities or events related to the child's case plan.

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Activities that are not Medicaid Case Management

The following are not Medicaid Case Management activities:

- Writing case plans and court reports.
- Attending case plan reviews.
- Attending court hearings and status conferences.
- Supervising parent-child visits.
- Investigations of child abuse, unmanageability, etc.
- Assessing and facilitating out of home placements.
- Direct counseling.
- Crisis intervention.
- Meeting with supervisor in supervisory session.
- Recording case notes.